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CONFIRMATION NO. 2110

SERIAL NUMBER 10/663,220	FILING DATE 09/16/2003 RULE	CLASS 514	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. 9/260
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/414,940 09/30/2002 ✓
 and claims benefit of 60/421,904 10/29/2002 ✓
 and claims benefit of 60/433,834 12/16/2002 ✓
 and claims benefit of 60/443,662 01/30/2003 ✓ *ADK*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 12/09/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 5
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Verified and Acknowledged *ADK*
 Examiner's Signature Initials

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TITLE
 Potent inhibitor of HCV serine protease

<p>FILING FEE RECEIVED 1192</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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